

in public service that eight years may have developed in you. It also allows no compensation for the loss in purchasing power of any money you may have had invested to yield less than 4.5 percent after taxes during 1968.

It is to be hoped that each physician will look carefully at the problems of inflation. He should put his house in shape to keep available to him that share of spendable income he may have become accustomed to receiving. He should pressure his leaders in the CMA to keep fees not only usual and customary but also *timely*. Certainly tolerance of cut rates in Medicaid, Compensation, Medicare, and State Finance Department cases is opening the floodgates to a rather shocking reduction in your spendable income when the final phases of the Wagner-Murray-Dingell Bill are enacted by Congress.

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"Acute Renal Failure Due To a Bismuth Preparation"

To the Editor: Your "Letters to the Editor" section recently (Calif. Med., Dec. 1968, pages 521-522) featured an exchange of views between Dr. Murray C. Zimmerman and Dr. John A. James, in which Dr. Zimmerman took exception to Dr. James' position on the use of an oral bismuth preparation (Bistrimate®) as documented by Dr. James in his paper "Acute Renal Failure Due to a Bismuth Preparation" (Calif. Med., Oct. 1968, pages 317-319). In presenting his own ideas on the subject, Dr. Zimmerman stated "In the Los Angeles area, Dr. James could either run this through MED-LARS data retrieval computer at UCLA, or use the cheaper and more efficient older model data retrieval device, produced by unskilled labor and with no repair, maintenance or amortization cost known as the "George X. Trimble."

Although I am not especially well informed about what the internal problems of UCLA MED-LARS happen to be at the moment, I can with some authority say that Dr. Zimmerman is not entirely accurate in his characterization of my filing system, for one segment of the unskilled labor division recently had to have some maintenance work

in the form of an appendectomy while another is scheduled for some dental repair. Notwithstanding the limitations that such strictures impose on the efficacy of our medical information storage and retrieval project, I would nevertheless like to rise to the occasion and submit some comments which may be helpful in reconciling the disparate views of the above-mentioned respondents.

I would not take issue with Dr. James' introductory statement in his paper, to wit, "It is well known that the salts of bismuth are toxic to the kidney." It should be noted, however, that much of the documentation that supports this thesis deals with parenteral bismuth preparations. Nor shall I comment on the validity of the summary of his paper, which starts out, "A case of acute renal failure in a 14-year-old girl due to an oral bismuth preparation is reported"—a conclusion which Dr. Zimmerman considers unwarranted, and "not proved."

I do, however, want to direct attention to that part of Dr. James' reply which reads, "This drug (bismuth sodium triglycollamate [Bistrimate]) was implicated in two of the recent cases of acute bismuth nephrotoxicity cited in the case report." Lest the true nature of this implication not be clearly understood, I feel it should be pointed out that in the one case the patient, an 8-year-old girl, ingested some 250 tablets of Bistrimate (each containing 75 mg of elemental bismuth) over a four-month period. In the other case the patient, a 19-year-old girl, ingested in presumably a brief period of minutes or seconds, 21 tablets of Bistrimate (equivalent to 1,500 mg of elemental bismuth). Thus, it should be clearly understood that at least in these two cases the toxic effects were related to a dosage well in excess of the therapeutic range. By comparison the patient described by Dr. James in his paper took over a period of a few hours "7 or 8 pain pills" which were later identified as tablets of Bistrimate, each containing 75 mg of elemental bismuth. While the dosage in this instance exceeds that recommended by the manufacturer, it is still considerably less than the dosages involved in the above-mentioned cases. This distinct difference in dosage would tend, in my estimation, to raise some doubt as to whether the reaction described by Dr. James was actually due to the oral bismuth preparation.

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